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Revisiting How to Expand Healthcare in Ohio

By Greg R. Lawson

With more than a million Ohioans who need more healthcare than they currently receive, the demand for quality care exceeds Ohio's supply of doctors and nurses. As demand outpaces supply, the cost of treatment continues to rise and even basic medical care grows increasingly unaffordable for indigent and lower-income communities.

Unfortunately, Medicaid—even expanded Medicaid—remains an expensive and inadequate government-run program.¹ Many healthcare providers refuse new Medicaid patients precisely because of the program's bureaucratic shortcomings, which regrettably limits the supply of qualified practitioners serving those in greatest need.

The Buckeye Institute continues to recommend “charity care” as a viable alternative to the failings of Medicaid. Allowing doctors and nurses to provide voluntary charitable healthcare to Ohio's poorest patients would expand access to treatment for the indigent and uninsured. As explained in the recent Buckeye Institute report, *Expanding Healthcare in Ohio*, charity care helps doctors reach and care for more patients by freeing them from the bureaucratic shackles of government-sponsored care.²

To encourage more doctors to practice charitable care more often, policy-makers should allow healthcare professionals to receive continuing education (CE) credits in exchange for hours of charity care treating Ohio's underserved populations. In Florida, for example, medical professionals may obtain one hour of CE credit for every hour of charity care they provide (up to 8 credit hours per license renewal period).³ Such an exchange offers doctors and nurses a powerful incentive to provide more charity care. Healthcare providers must maintain a requisite number of CE credits to practice in Ohio, and allowing some of those credits to be earned through charity care will increase the supply of quality treatment available to the poor.

To further expand charity care, policy-makers should also broaden the state's limited-immunity provisions that protect charity care providers from malpractice litigation. Ohio's current rules

1 Robert Alt and Greg R. Lawson, “Medicaid Expansion: The Wrong Decision for Ohio,” The Buckeye Institute, January 31, 2016,

<http://www.buckeyeinstitute.org/research/detail/expanding-medicare-the-wrong-decision-for-ohio>.

2 Tom Lampman, “Expanding Healthcare in Ohio,” The Buckeye Institute, November 30, 2015, <http://www.buckeyeinstitute.org/library/doclib/Expanding-Access-to-Healthcare-in-Ohio.pdf>.

3 Florida Statutes § 766.1115(10), accessed October 20, 2016 at http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0700-0799/0766/Sections/0766.1115.html.

governing charity care offer medical providers some protection from suit, but make immunity available only if the medical services are performed in a free clinic.⁴ Such a restriction needlessly limits access to doctors and nurses willing to provide charity care, and relieving it will expand locations where Ohio's poor can receive medical attention.

In addition to charity care and new incentives for medical practitioners to serve in underserved communities, policy-makers should also relax current regulatory restrictions on Ohio's licensed nurses. Research by the Buckeye Institute and the Mercatus Center at George Mason University shows how reducing key regulatory burdens on nursing will broaden Ohio's pool of healthcare providers.⁵

Ohio law currently prohibits nurses from practicing medicine without a doctor's supervision. The law also prohibits doctors, however, from simultaneously supervising more than three nurses licensed to prescribe drugs.⁶ This artificially low 3-to-1 ratio limits the care that licensed nurses can provide, and makes it especially difficult for nurses to find a new supervisor when a doctor retires or leaves the state. Ohio's policy and restrictive ratio are more onerous than policies in more than thirty states that already give nurses broader or full autonomy in providing primary care services.⁷

Ideally, policy-makers should eliminate the supervision requirement imposed on nurses. No matter how lax such a restriction may be, any oversight requirement will deter some nurses from practicing in Ohio and thus reduce the supply of qualified medical providers in the field. Short of this ideal reform, however, Ohio should increase the legal ratio of nurses to supervising physicians, work to ensure that nurses have adequate time to find new supervisors, and expand the menu of medical services that advanced nurse practitioners may legally provide. Such reforms will increase the supply of available and affordable healthcare across the state.

The General Assembly already stands poised to address charity care and the bureaucratic restrictions on Ohio's nurses. Both chambers have introduced legislation that would allow for CE credits to be earned by providing charity care,⁸ and a bill pending in the Ohio Senate would alleviate some of the regulatory burden imposed on Ohio's nurses.⁹ These reform measures should be pursued as policy-makers devise ways to extend access to more affordable healthcare to our neediest patients and communities.

4 Ohio Rev. Code §2305.234.

5 Rea S. Hederman Jr. and Brian Blasé, "Health Care Challenges That States Should Prepare to Face in 2017," The Buckeye Institute, June 8, 2016, <http://www.buckeyeinstitute.org/library/doclib/Health-Care-Challenges-That-States-Should-Prepare-to-Face-in-2017-Report.pdf>.

6 Tom Lampman, "Expanding Healthcare in Ohio," The Buckeye Institute, November 30, 2015, <http://www.buckeyeinstitute.org/library/doclib/Expanding-Access-to-Healthcare-in-Ohio.pdf>.

7 *Ibid.*

8 Legislative Service Commission, "As Introduced: H.B. 488," LegiScan, accessed October 25, 2016, <https://legiscan.com/OH/text/HB488/2015>; Legislative Service Commission, "As Introduced: S.B. 292," LegiScan, accessed October 25, 2016, <https://legiscan.com/OH/text/SB292/2015>.

9 Legislative Service Commission, "As Passed by the House: H.B. No. 216," LegiScan, accessed October 25, 2016, <https://legiscan.com/OH/text/HB216/2015>.

About the Author



Greg R. Lawson is the Senior Policy Analyst at The Buckeye Institute.

In this role, Lawson works with all members of the Buckeye research team with a particular focus on local government and education issues. He is also Buckeye's main liaison to the statehouse where he educates policymakers in both the legislative and executive branches on free-market solutions to Ohio's challenges.

Prior to his position at Buckeye, Lawson served in the Ohio General Assembly as a Legislative Service Commission Fellow. He then went on to several government affairs roles focusing on numerous public policy topics, including Medicaid, school choice, transportation funding, and Ohio's Building Code. He also has a background in PAC fundraising, grassroots organizing, and communications and served for five years on the boards of two Columbus-based charter schools. Lawson lives in Westerville, Ohio with his wife and three children.

Founded in 1989, The Buckeye Institute is an independent research and educational institution—a think tank—whose mission is to advance free-market public policy in the states.

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